

HOPE GLOWS 5K

Date/Time: Friday July 11/Saturday July 12, 2014 Registration 11:30pm **5K begins 12:00am (Midnight).**

Location: Glik Park, 12525 Sportsman Road, Highland, IL

T-Shirts: T-Shirts and glow items will be provided for pre-registration entrants. Race day and late registrations are not guaranteed a t-shirt.

Awards: **5K:** Prizes to top 3 M & F finishers in divisions: 10 & under, 11-19, 20-39, 30-39, 40-49, Masters (50-up).

Registration: \$20 in advance, \$25 at event. Entry fees are non-refundable. Pre-registration ends July 1, 2014.

Packet Pick-Up: 11:30pm Friday July 11, 2014.

Information: **Proceeds to benefit American Cancer Society Relay For Life and Girls on the Run Highland Chapter.**
For 5k information, contact Keith Henss at 618-578-1656 or at keithhenss@gmail.com

Hope Glows 5K Run/Walk

Make checks payable to American Cancer Society
Mail this form along with your check to Hope Glows 5 Schiber Ct Bldg A Maryville, IL 62062

Name _____ Phone _____
Address _____ Age on race day _____
City/State/Zip _____ Gender: Male Female
Circle T-Shirt: Size Youth – M Youth – L Adult – S Adult – M Adult – L Adult – XL Adult – XXL
Amount enclosed: _____

Waiver of Liability: In consideration of your accepting this entry, I, the undersigned, intending to be legally bound, hereby, for myself, my heirs, executors and administrators, waive and release any and all claims for damages, actions and causes of actions against the Tri-Township Park District, City of Troy, and the American Cancer Society, their affiliates, subsidiaries, officials, representatives, employees, successors, and assigns for any and all injuries suffered by me in said event. I attest and verify that I am physically fit and have sufficiently trained for the competition of this run. Further, I hereby grant full permission for the use of my name and/or any photographs, videotapes, motion pictures, recordings, or any other record of this event for legitimate purpose.

Signature: _____ Date _____
Parent Signature if under 18 _____
Name _____ Phone _____
Address _____ Age on race day _____
City/State/Zip _____ Circle Gender: Male Female
Circle T-Shirt: Size Youth – M Youth – L Adult – S Adult – M Adult – L Adult – XL Adult – XXL
Signature _____

